

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled Therapies for Chronic Inflammatory Demyelinating Polyneuropathy Using Interferon-Beta, the specification of which:

- ☐ is attached hereto.
- ☒ was filed on March 25, 2005 as Application Serial No. 10/529,522 and was amended on July 25, 2005; said application is based on International Application PCT/US03/30532 filed on September 26, 2003.
- ☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.

60/414,307

Filing Date

September 27, 2002

Status

Expired

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

All Attorneys and Agents associated with

58154

PTO Customer Number

Direct all telephone calls to Chad E. Davis at telephone number (617) 832-1000.

Direct all correspondence to the following:

58154

PTO Customer Number

☒ For Assigned Inventions: I understand that the purpose of making this appointment is to permit prosecution of patent applications for the above-identified invention for the benefit of my assignee, and that this appointment does not create a personal attorney-client relationship between me and these appointees.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

1-80 Full Name of Inventor: Alfred Sandrock
Inventor's Signature: *Alfred Sandrock* Date: Jan. 30, 2006
Residence Address: 316 Hartman Road, Newton, MA 02459 *MA*
Citizenship: U.S. citizen ✓
Post Office Address:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Alfred Sandrock

Serial No: 10/529,522

Filed: March 25, 2005

For: Therapies for Chronic Inflammatory
Demyelinating Polyneuropathy Using
Interferon-Beta

Group Art Unit: NYA

Examiner: NYA

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail, postage prepaid, in an envelope addressed to: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450, on February 9, 2006.


Shirine Darvish

NOTIFICATION OF CHANGE OF ATTORNEY DOCKET NUMBER

Mail Stop PCT (DO/EO/US)
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

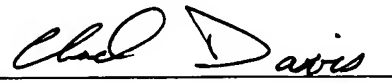
The Attorney Docket Number of the above-identified patent application has changed.
Please take notice that the *correct* Attorney Docket Number for this application should now be as follows:

BII-002.01

Please reference **BII-002.01** on all future correspondence to the principal attorney of record.

Respectfully Submitted,
FOLEY HOAG LLP

Dated: February 9, 2006
Customer No: 58154
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By: 
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Agent for Applicants